

City of Milpitas
Planning Division
455 E. Calaveras Blvd., Milpitas, CA 95035
Telephone: 408-586-3279 • Fax: 408-586-3293

**Planning & Zoning
Application**

Applicants, Please Note: Please print or type. Also, attach additional sheets if necessary. The City's acceptance of this application and required filing fee does not constitute a completed application pursuant to Government Code 65943. Applicant will be considered the project contact unless otherwise indicated on this form and will be the sole recipient of City correspondence, including staff reports, project approval letter, and approved special conditions.

Applicant Information and Certification

Applicant's Name:	Telephone:	Fax:
Mailing Address (Street, City, State, Zip):	E-Mail:	
	<i>I certify that the information herewith submitted is true and correct to the best of my knowledge.</i>	
Applicant's relationship to property owner: <input type="checkbox"/> Same <input type="checkbox"/> Architect <input type="checkbox"/> Agent <input type="checkbox"/> Lessee <input type="checkbox"/> Other (please specify)	Signature	Date

Project Information

Address/Location of Project Site	Assessor's Parcel Number	Current Zoning
Existing Use of Project Site	Site Land Area Involved Acres	Building or Tenant Floor Area Sq. Ft.
Proposed Project (Please describe in detail, using an additional sheet if needed.):		

Property Ownership and Authorization

*Name, address (including zip code) and signature of **all property owners** having an interest in the property. All owners' consent is required, by virtue of such interest, to authorize the filing of this application. Use additional sheet if needed.*

	Signature	Date
	Signature	Date

Project Contact Information

*List project contact information **if different** from Applicant listed above.*

Name:	Capacity: <input type="checkbox"/> Owner <input type="checkbox"/> Agent <input type="checkbox"/> Lessee <input type="checkbox"/> Other		
Mailing Address (including Zip Code):	Telephone:	Fax:	
	E-Mail:		
Alternate Contact Person:		Telephone:	

Staff Use Only

Application Type(s):		Filing Fee/Deposit:	Total Fee(s)/Deposit(s):
Application Received By:	Date:	PTWin Number(s):	PJ No: